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OMB No 1545-0052

2018

## Form 990-PF

Department of the Treasury Internal Revenue Service

**Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20	018 , a	nd ending 12-31-	2018	
		indation  M & JANE E CRACCHIOLO FOUNDATION		A Employer id	entification numbe	r
N.F	MINONE	THE A JAME E CRACCHIOLO FOUNDATION		38-2556359		
		d street (or P O box number if mail is not delivered to street address	) Room/suite	<b>B</b> Telephone nu	mber (see instructio	ns)
1	UU MAPI	LE PARK BLVD NO 130		(586) 445-811:	•	•
		n, state or province, country, and ZIP or foreign postal code HORES, MI 48081			application is pendin	g, check here
	aeck al	ll that apply ☐ Initial return ☐ Initial return of a	former public charity	D 1 Foreign or	ganızatıons, check he	re —
G CI	ieck ai	☐ Final return ☐ Amended return			ganizations, check in	▶ ⊔
		☐ Address change ☐ Name change			k here and attach co	
<b>H</b> C	neck tv	pe of organization  ✓ Section 501(c)(3) exempt private	foundation		undation status was f	
_		_	le private foundation	under secuo	n 507(b)(1)(A), ched	:k nere
		ket value of all assets at end  J Accounting method	☑ Cash ☐ Accru	F If the found	ation is in a 60-mont	h termination 🖂
		from Part II, col (c), ▶\$ 10,539,499 ☐ Other (specify)			n 507(b)(1)(B), chec	k here ▶ Ш
mi	10)	(Part I, column (d) must	t be on cash basıs )			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions) )	books			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	102,726	5		
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach				
	-	Sch B				
	3	Interest on savings and temporary cash investments	2	2		
	4	Dividends and interest from securities	214,095	214,095		
	5a	Gross rents				
συ.	b	Net rental income or (loss)	-			
Ĕ	6a	Net gain or (loss) from sale of assets not on line 10	60,200	,		
Revenue	b	Gross sales price for all assets on line 6a 1,310,684	<u>4</u>	60.200		
ã	7	Capital gain net income (from Part IV, line 2)		60,200		
	8	Net short-term capital gain				
	10a	Gross sales less returns and allowances		+		<del> </del>
	ь	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)	<u></u>			
	11	Other income (attach schedule)	201	201		
	12	Total. Add lines 1 through 11	377,224	274,498		
	13	Compensation of officers, directors, trustees, etc	,			0
	14	Other employee salaries and wages				
Š	15	Pension plans, employee benefits				
156	16a	Legal fees (attach schedule)	413	3 207		206
<u>a</u>	ь	Accounting fees (attach schedule)	10,965	3,776		7,189
and Administrative Expenses	c	Other professional fees (attach schedule)	35,245	35,245		0
tive	17	Interest				
tra	18	Taxes (attach schedule) (see instructions)	1,483	1,483		0
III S	19	Depreciation (attach schedule) and depletion				
ŧ	20	Occupancy	8,310	1,662		6,648
ΨĘ	21	Travel, conferences, and meetings				
anc	22	Printing and publications				
	23	Other expenses (attach schedule)	970	190		780
Operating	24	Total operating and administrative expenses.				
ber		Add lines 13 through 23	57,386	42,563		14,823
0	25	Contributions, gifts, grants paid	593,736	5		593,736
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	651,122	42,563		608,559
	27	Subtract line 26 from line 12	133,22	,500		
	a	Excess of revenue over expenses and				
	ь	disbursements  Net investment income (If negative, enter -0-)	-273,898			<del> </del>
	C	Adjusted net income (if negative, enter -0-)		231,935		
For		work Reduction Act Notice, see instructions.	1	Cat No 11289	L For	<u> </u> rm <b>990-PF</b> (2018)

**رچه** 

654 🔩

8,442,654

8,442,654

8,442,654

8,442,654

8,057,306 2,077,048

292,800

10,539,499

654

8,370,309

184,658

184.658

8,185,651

8,185,651

8,370,309

2

3

4

5

8,442,654

-273,898

8,185,651

8,185,651 Form **990-PF** (2018)

16,895

	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	Ь	Investments—corporate stock (attach schedule)	5,908,271	<b>چ</b> ا	5,890,879
	С	Investments—corporate bonds (attach schedule)	2,086,396	<b>چ</b>	2,125,722
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	306,172	<b>%</b> ]	241,363

14

15

16

17

18

19

20

21 22

23

24 25

26

28

29

31 Part III

Liabilities

Fund Balances

ŏ

Assets 27

Net 30

2

3

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . . Decreases not included in line 2 (itemize) ▶

Deferred revenue .

Other liabilities (describe -\_

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

**Analysis of Changes in Net Assets or Fund Balances** 

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

(a) List and describe the kind(s) of property sold (e g , real estate,

2-story brick warehouse, or common stock, 200 shs MLC Co )

(mo , day, yr )

(b)

How acquired

P—Purchase

D-Donation

(c) Date acquired

(mo , day, yr )

Page **3** 

			D-Donation	1	
1 a PUBLICLY TRADED SECU	RITIES		Р		2018-12-31
b					
С					
d					
e					
(-)	(f)		(g)	(1	1)
<b>(e)</b> Gross sales price	Depreciation allowed		r other basis	Gain o	r (loss)
	(or allowable)	plus ex	pense of sale	(e) plus (f)	
a 1,31	0,684		1,250,484		60,200
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(1	1)
(i)	(j)		(k)	Gains (Col (Ì	n) gain minus
<b>(i)</b> FMV as of 12/31/69	Adjusted basis		s of col (I)		less than -0-) <b>or</b>
	as of 12/31/69	over co	ol (յ), if any	Losses (fro	om col (h))
a					60,200
b					
с					
d					
e					
_		If gain, also enter in			
2 Capital gain net income	or (net capital loss)	If (loss), enter -0- in	Part I, line 7	2	60,200
		1222(5)   (6)	<b>'</b>		60,200
	gain or (loss) as defined in sections :				
if gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instructi	ons) If (loss), enter -	0-	3	
iii Fait 1, iiile 0			$\dots$		
Part V Qualification U	Jnder Section 4940(e) for Re	duced Tax on Ne	t Investment Inc	come	
_	rivate foundations subject to the sec				
(101 optional use by domestic p	Tivate foundations subject to the sec	3000 4540(a) tax 0000	ice investment meom	<b>C</b> )	
If section 4940(d)(2) applies, le	eave this part blank				
Was the foundation liable for th	e section 4942 tax on the distributal	ble amount of any vea	er in the base period?	,	es 🔽 No
	ot qualify under section 4940(e) Do		· ·	,	.5 110
	nount in each column for each year,				
(a)	· · ·			(d)	
Base period years Calendar	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharita	ble-use assets	Distribution ratio	
year (or tax year beginning in) 2017			11 025 750	(col (b) divided by co	0 044017
	524,932		11,925,759		
2016	511,923		10,750,989		0 047616 0 047150
2015	483,282		10,249,794		
2014	408,284		9,576,576		0 042634
2013	180,870		8,674,654	Г	0 020850
	d)				0 202267
	for the 5-year base period—divide t	•	· · · · · ·		0 040453
	idation has been in existence if less i ncharitable-use assets for 2018 from				12,139,493
5 Multiply line 4 by line 3		,	5		491,079
	ent income (1% of Part I, line 27b)				· · · · · · · · · · · · · · · · · · ·
	,				2,319
					493,398
	ons from Part XII, line 4 ,			- 10/ harrington	608,559
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	art v1, line 1b, and col	mpiete that part usin	y a 1% tax rate See	e the Part VI
Instructions				F_	rm <b>990-PF</b> (2018)
				18	555 11 (2010)

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Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)			
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No		
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ fes ⊡	NO		
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual	for travel, study, or other sim	nılar purposes?	Yes V	No		
	(4) Provide a grant to an organizati		· -	d			
	in section 4945(d)(4)(A)? See in			· · · · Yes 🗹	No		
	(5) Provide for any purpose other th	- ·	• • • • • • • • • • • • • • • • • • • •				
<b>L</b>	educational purposes, or for the			∟ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b		
	Organizations relying on a current n				30		
С	If the answer is "Yes" to question 5a						
٠	tax because it maintained expenditu		•				
	If "Yes," attach the statement require			· · □ Yes □	No		
= -		· -		ume an			
5a	Did the foundation, during the year,			uilis oii			
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	80		NO
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? $\square$			
	If yes, did the foundation receive an			∟ tes 🖭	No 7b		
	Is the foundation subject to the sect				/6		
,	excess parachute payment during th						
	<u> </u>			Yes 🗸	No L		<u> </u>
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,	
1	List all officers, directors, trustee				1		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe		
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces
ee .	Additional Data Table						
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan		
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
		devoted to position		compensation			
ON	E						
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019

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Part VIII Information About Officers, Directors, Truster and Contractors (continued)	es, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional se	rvices (see instructions). If none, enter "N	IONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.  Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	0
List the foundation's four largest direct charitable activities during the tax year. Include	e relevant statistical information such as the number of	T _
organizations and other beneficiaries served, conferences convened, research papers p	oroduced, etc	Expenses
1		_
		-
2		_
		_
3		
		_
4		_
		_
Part IX-B Summary of Program-Related Investments (s	ee instructions)	_
Describe the two largest program-related investments made by the foundation duri	<u>-</u>	Amount
<b>1</b> N/A		0
2		
All the second s		
All other program-related investments See instructions  3		
<u></u>		
Total. Add lines 1 through 3		0
		Form <b>990-PF</b> (2018)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1b

2

За 3h

4

5

608.559

2.319

606.240

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21,401

583,255

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0-PF (2	018)
YTTT	Undis

Form 990-PF (2	018)
Part XIII	Undi

- istributed Income (see instructions)
- 1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018

(a)

Corpus

0

0

(b)

Years prior to 2017

(c)

2017

587,158

587,158

- a Enter amount for 2017 only. . . . . .

- **b** Total for prior years a From 2013. . . . . **b** From 2014. . . .
- Excess distributions carryover, if any, to 2018
- c From 2015. . . d From 2016. . . . . e From 2017. . . . .

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must

(If an amount appears in column (d), the

6 Enter the net total of each column as

be distributed in 2019 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

Total			<b>&gt;</b> 3a	
<b>b</b> Approved for future payment DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVENUE DETROIT, MI 48201	NONE	PC	PROGRAMS AND OPERATIONS	230,000
ST CATHERINE OF SIENA CHURCH 28200 NAPIER ROAD	NONE	PC	OPERATING FUND	25,000

WIXOM, MI 48393 NONE SCIENCE LABORATORY 125,000 U OF D JESUIT HIGH SCHOOL AND PC **ACADEMY** 8400 S CAMBRIDGE

DETROIT, MI 48221 . . . . . . . . . . . ▶ 3b

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nter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Program	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
f						
2 Membe	and contracts from government agencies rship dues and assessments					
ınvestm	, ,			14	2	
	ds and interest from securities			14	214,095	
	ital income or (loss) from real estate					
	financed property.					
	ebt-financed property					
	nvestment income			14	201	
	(loss) from sales of assets other than					
ınvento	ry			18	60,200	
9 Net inc	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
	al Add columns (b), (d), and (e).		0		274,498	(
3 Total.	Add line 12, columns (b), (d), and (e)				B	274,498
3 Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations )		13	3	274,498
3 Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
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3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
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3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
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3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) ne Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	274,498

(=0	, 20 /
+4	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Did the organization directly or indirectly engage in any of the following with any (c) (other than section 501(c)(3) organizations) or in section 527, relating to polit a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash	Yes   No
a Transfers from the reporting foundation to a noncharitable exempt organization of  (1) Cash. (2) Other assets.  b Other transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations.  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule Colum of the goods, other assets, or services given by the reporting foundation if the foin any transaction or sharing arrangement, show in column (d) the value of the given any transaction or sharing arrangement, show in column (d) the value of the given any transaction or sharing arrangement, show in column (d) the value of the given and the sempt organization (a) Line No (b) Amount involved (c) Name of nonchantable exempt organization before the following schedule (a) Name of organization (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, inclusion fmy knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  ******  Under penalties of perjury, I declare that I have examined this return, inclusion fmy knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge	bof
(1) Cash. (2) Other assets. b Other transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule Colun of the goods, other assets, or services given by the reporting foundation. If the foin any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foin any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foin any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foin any transaction of sharing arrangement, show in column (d) the value of the goods.  (a) Line No (b) Amount involved (c) Name of noncharitable exempt organization.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tall described in section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, inclus of my knowledge and belief, it is true, correct, and complete Declaration of my knowledge and belief, it is true, correct, and complete Declaration of my knowledge and belief, it is true, correct, and complete Declaration of my knowledge and belief, it is true, correct, and complete Declaration of my knowledge.	1a(1)       No         1a(2)       No         1b(1)       No         1b(2)       No         1b(3)       No         1b(4)       No         1b(5)       No         1b(6)       No         1c       No         nondation received less than fair market value goods, other assets, or services received
(2) Other transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations.  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule Colum of the goods, other assets, or services given by the reporting foundation if the foil in any transaction or sharing arrangement, show in column (d) the value of the g (a) Line No (b) Amount involved (c) Name of noncharitable exempt organization  2a Is the foundation directly or indirectly affiliated with, or related to, one or more ta described in section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, inclusion of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge	1a(2)       No         1b(1)       No         1b(2)       No         1b(3)       No         1b(4)       No         1b(5)       No         1b(6)       No         1c       No         non       No         no       No         n
(1) Sales of assets to a noncharitable exempt organization	1b(2) No 1b(3) No 1b(4) No 1b(5) No 1b(6) No 1c No 1mn (b) should always show the fair market value coundation received less than fair market value goods, other assets, or services received
(2) Purchases of assets from a noncharitable exempt organization.  (3) Rental of facilities, equipment, or other assets.  (4) Reimbursement arrangements.  (5) Loans or loan guarantees.  (6) Performance of services or membership or fundraising solicitations.  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.  d If the answer to any of the above is "Yes," complete the following schedule Colum of the goods, other assets, or services given by the reporting foundation. If the foin any transaction or sharing arrangement, show in column (d) the value of the g  (a) Line No (b) Amount involved (c) Name of noncharitable exempt organization.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tall described in section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule  (a) Name of organization (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, inclusion of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  ******  Under penalties of perjury, I declare that I have examined this return, inclusion of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge	1b(2) No 1b(3) No 1b(4) No 1b(5) No 1b(6) No 1c No 1mn (b) should always show the fair market value coundation received less than fair market value goods, other assets, or services received
(3) Rental of facilities, equipment, or other assets	1b(3) No 1b(4) No 1b(5) No 1b(6) No 1c No mn (b) should always show the fair market value foundation received less than fair market value goods, other assets, or services received
(4) Reimbursement arrangements	1b(4) No 1b(5) No 1b(6) No 1c No mn (b) should always show the fair market value foundation received less than fair market value goods, other assets, or services received
(5) Loans or loan guarantees.  (6) Performance of services or membership or fundraising solicitations.  (6) Performance of services or membership or fundraising solicitations.  (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees.  (8) If the answer to any of the above is "Yes," complete the following schedule Colum of the goods, other assets, or services given by the reporting foundation If the foin any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation If the foin any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or paid employees.  (a) Line No (b) Amount involved (c) Name of noncharitable exempt organization  (a) Line No (b) Amount involved (c) Name of noncharitable exempt organization  (b) Amount involved (c) Name of noncharitable exempt organization  2a Is the foundation directly or indirectly affiliated with, or related to, one or more ta described in section 501(c) (other than section 501(c)(3)) or in section 527?  (b) If "Yes," complete the following schedule  (a) Name of organization (b) Type of organization  (b) Type of organization of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  ********  Under penalties of perjury, I declare that I have examined this return, including the properties of the perjury, I declare that I have examined this return, including the penalties of perjury, I declare that I have examined this return, including the penalties of perjury, I declare that I have examined this return, including the penalties of perjury, I declare that I have examined this return, including the penalties of perjury, I declare that I have examined this return, including the penalties of perjury, I declare that I have examined this return, including the penalties of perjury in the penalties of pen	1b(5) No 1b(6) No 1c No mn (b) should always show the fair market value foundation received less than fair market value goods, other assets, or services received
(6) Performance of services or membership or fundraising solicitations	mn (b) should always show the fair market value oundation received less than fair market value goods, other assets, or services received
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d If the answer to any of the above is "Yes," complete the following schedule Colum of the goods, other assets, or services given by the reporting foundation. If the fo in any transaction or sharing arrangement, show in column (d) the value of the g (a) Line No (b) Amount involved (c) Name of noncharitable exempt organization  2a Is the foundation directly or indirectly affiliated with, or related to, one or more to described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, inclusion for my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  Under penalties of perjury, I declare that I have examined this return, inclusion for my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******	mn (b) should always show the fair market value foundation received less than fair market value goods, other assets, or services received
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(a) Line No (b) Amount involved (c) Name of noncharitable exempt organization  2a Is the foundation directly or indirectly affiliated with, or related to, one or more ta described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, inclusion of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
2a Is the foundation directly or indirectly affiliated with, or related to, one or more ta described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	(d) Description of transfers, transactions, and sharing arrangements
described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, included of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, included of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, included of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, included of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
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described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, included of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, included of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, included of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
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described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, included of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, included of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
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described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  Under penalties of perjury, I declare that I have examined this return, included of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  *******  2019-11-07	
Under penalties of perjury, I declare that I have examined this return, included from the preparer has any knowledge  ******  Under penalties of perjury, I declare that I have examined this return, included from the preparer has any knowledge  ******  2019-11-07	<u> </u>
Under penalties of perjury, I declare that I have examined this return, included from the knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  ******  2019-11-07	🗌 Yes 🗹 No
Under penalties of perjury, I declare that I have examined this return, included from the property of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  ******  2019-11-07	n (c) Description of relationship
of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  ******  2019-11-07	1 (c) Description or relationship
of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  ******  2019-11-07	
of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  ******  2019-11-07	
of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  ******  2019-11-07	
of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  ******  2019-11-07	
Here 2019-11-07	
	uding accompanying schedules and statements, and to the best if preparer (other than taxpayer) is based on all information of
Signature of officer or trustee Date	of preparer (other than taxpayer) is based on all information of  May the IRS discuss this return
	May the IRS discuss this return with the preparer shown below
Print/Type preparer's name Preparer's Signature	May the IRS discuss this return with the preparer shown below
	Title    A preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer shown below (see instr.)?     Yes   No
Paid MICHAEL J PREDHOMME	Title    A
Preparer Firm's name ▶ PREDHOMME & CO	Title    A
Use Only	Title    A
Firm's address ► 260 E BROWN STREET SUITE 320	Title    A
BIRMINGHAM, MI 48009	Title    Date   Check if self-employed ▶ □   PTIN   P00011558
23	Title    Date   Check if self-employed ▶ □   PTIN   P00011558

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation RAYMOND M CRACCHIOLO PRESIDENT AND TRUSTEE 100 MAPLE PARK BLVD STE 130 2 00 ST CLAIR SHORES, MI 48081 JANE E CRACCHIOLO TRUSTEE 1 00 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081 ST CLAIR SHORES, MI 48081 DENNIS MITZEL TRUSTEE 1 00 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081

HEIDI CRACCHIOLO BELL	TREASURER AND	0	0	(
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081	TRUSTEE 1 00			
MARIA MITZEL	SECRETARY AND	0	0	C
100 MAPLE PARK BLVD STE 130	TRUSTEE 5 00			

TRUSTEE 1 00

CHRISTI CRACCHIOLO SMALL

100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

than \$5,000).

RAYMOND M CRACCHIOLO

JANE E CRACCHIOLO

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALZHEIMER'S ASSOCIATION NONE PC OPERATING FUND 100 GREAT MI CHAPTER POBOX 96011

WASHINGTON, DC 200906011				
ANGEL'S PLACE29299 FRANKLIN ROAD SOUTHFIELD, MI 48034	NONE	PC	OPERATING FUND	10,000
AQUINAS COLLEGE 1607 ROBINSON ROAD SE GRAND RAPIDS, MI 49506	NONE	PC	OPERATING FUND	10,000

Total . . . .

593,736

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ARCHIVES OF AMERICAN ART NONE PC. OPERATING FUND 100 750 9TH STREET NW WASHINGTON, DC 20001

	1		1	
AVE MARIA RADIOPO BOX 504 ANN ARBOR, MI 48106	NONE	PC	OPERATING FUND	500
BELLE ISLE CONSERVANCY 300 RIVER PLACE DRIVE SUITE 2800 DETROIT, MI 48207	NONE	PC	OPERATING FUND	1,000

Total . . . .

593,736

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

Total .

Traine and dualess (nome or business)	or substantial contributor			
a Paid during the year				
CARDINAL CLUB OF DETROIT 500 WOODWARD AVE SUITE 3500 DETROIT, MI 48226	NONE	PC	OPERATING FUND	1,536

recipient

COLORADO ROCKY MTN SCHOOL 500 HOLDEN WAY CARBONDALE, CO 81623	NONE	PC	OPERATING FUND	2,500
· · · · · · · · · · · · · · · · · · ·		I	I	l

500 HOLDEN WAY CARBONDALE, CO 81623				
COMPANIONS OF CHRIST THE LAMB 12181 N WHITEFISH POINT ROAD PARADISE, MI 49768	NONE	PC	OPERATING FUND	5,000

CARBONDALE, CO 81623				
COMPANIONS OF CHRIST THE LAMB 12181 N WHITEFISH POINT ROAD PARADISE, MI 49768	NONE	PC	OPERATING FUND	5,00
			·	

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient recipient

Purpose of grant or contribution

Amount

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

NONE

CORNERSTONE EDUCATION GROUP

55 E JACKSON CHICAGO, IL 60604

Total .

306 E FOURTH STREET ROYAL OAK, MI 48067				
COUNCIL OF MICHIGAN FOUNDATIONS ONE SOUTH HARBOR SUITE 3 GRAND HAVEN, MI 49417	NONE	PC	OPERATING FUND	3,550
DEPRESSION & BIPOLAR SUPPORT ALLIANCE	NONE	PC	OPERATING FUND	5,000

PC

OPERATING FUND

5,000

Recipient If recipient is an individual, show any relationship to status of status of

recipient

593,736

any foundation manager

Total .

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
DETROIT HISTORICAL SOCIETY 5401 WOODWARD AVENUE DETROIT, MI 48202	NONE	PC	OPERATING FUND	5,000
DETROIT RIVERFRONT CONCERVANCY 600 RENAISSANCE CENTER SUITE 1720 DETROIT, MI 482431805	NONE	PC	OPERATING FUND	1,000
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVENUE DETROIT, MI 48201	NONE	PC	OPERATING FUND	100,000

Recipient If recipient is an individual, show any relationship to status of status of

recipient

593,736

any foundation manager

GROSSE PTE FARMS, MI 48236

Total . .

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
DOMINICAN SISTERS OF MARY 4597 WARREN ROAD ANN ARBOR, MI 48105	NONE	PC	OPERATING FUND	25,000
EAGLE BROOK SCHOOLS 271 PINE NOOK ROAD DEERFIELD, MA 01342	NONE	PC	OPERATING FUND	2,500
GP ACADEMY ACTION AUCTION 171 LAKE SHORE ROAD	NONE	PC	OPERATING FUND	1,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
GROSSE POINTE FARMS FOUNDATION	NONE	PC	OPERATING FUND	3,000

90 KERBY ROAD GROSSE PTE FARMS, MI 48236				,
GROSSE POINTE HISTORICAL SOCIETY 381 KERCHEVAL AVENUE GROSSE PTE FARMS MI 48236	NONE	PC	OPERATING FUND	5,000

GROSSE FTE FARMS, MI 46230				
GROSSE POINTE HISTORICAL SOCIETY 381 KERCHEVAL AVENUE GROSSE PTE FARMS, MI 48236	NONE	PC	OPERATING FUND	5,000
GROSSE PTE ACADEMY FUND 171 LAKE SHORE ROAD GROSSE PTE FARMS, MI 48236	NONE	PC	OPERATING FUND	10,000

Total				593,736
GROSSE PTE ACADEMY FUND 171 LAKE SHORE ROAD GROSSE PTE FARMS, MI 48236	NONE	PC	OPERATING FUND	10,000
381 KERCHEVAL AVENUE GROSSE PTE FARMS, MI 48236	NONE	FC	OPERATING FUND	3,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GUEST HOUSE - BISHOP'S DINNER NONE OPERATING FUND 2,500 1601 JOSLYN ROAD

LAKE ORION, MI 48360				
GUEST HOUSE INC1601 JOSLYN ROAD LAKE ORION, MI 48360	NONE	PC	OPERATING FUND	5,000
GUIDEPOSTS FOUNDATION 39 OLD RIDGEBURY ROAD SUITE 2AB DANBURY, CT 06810	NONE	PC	OPERATING FUND	2,000

Total . .

593,736

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid during the year				
HIGH MEADOWS SCHOOL 1055 WILLEO ROAD ROSWELL, GA 30075	NONE	PC	OPERATING FUND	2,500
HOLLEY INSTITUTE	NONE	PC	OPERATING FUND	5,000

HOLLEY INSTITUTE 22151 MOROSS ROAD DETROIT, MI 48236	NONE	PC	OPERATING FUND	5,000
IHM SISTERS610 W ELM AVENUE	NONE	PC	OPERATING FUND	25,000

DETROIT, MI 48236				
IHM SISTERS610 W ELM AVENUE MONROE, MI 48162	NONE	PC	OPERATING FUND	25,000

IHM SISTERS610 W ELM AVENUE MONROE, MI 48162	NONE	PC	OPERATING FUND	25,00
	NONE	PC	OPERATING FUND	

MONROE, MI 48162				
IHM SISTERS610 W ELM AVENUE	NONE	PC	OPERATING FUND	25,0

Total .

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LEARNING YOUR FUNCTIONS NONE PC OPERATING FUND 5,000 26211 COUNTY LINE ROAD WESLEY CHAPEL, FL 33544 LOVE FROM ABOVE MINISTRIES NONE PC OPERATING FUND 1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

PO BOX 36671 GROSSE POINTE FARMS, MI 48236				
LOYOLA HIGH SCHOOL FR CARRON SCHOLARSHIP 15325 PINEHURST STREET DETROIT. MI 48238	NONE	PC	OPERATING FUND	5,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
LOYOLA HIGH SCHOOL 15325 PINEHURST STREET DETROIT, MI 48238	NONE	PC	OPERATING FUND	25,000
MANRESA JESUIT RETREAT HOUSE	NONE	PC	OPERATING FUND	10,000

MANRESA JESUIT RETREAT HOUSE 1390 QUARTON ROAD BLOOMFIELD HILLS, MI 48304	NONE	PC	OPERATING FUND	10,
DETROIT, MI 48238				

MANRESA JESUIT RETREAT HOUSE 1390 QUARTON ROAD BLOOMFIELD HILLS, MI 48304	NONE	PC	OPERATING FUND	10,0
MOROSS GREENWAY PROJECGT 155 W CONGRESS	NONE	PC	OPERATING FUND	1,0

Total .

BLOOMFIELD HILLS, MI 48304				
MOROSS GREENWAY PROJECGT 155 W CONGRESS DETROIT, MI 48226	NONE	PC	OPERATING FUND	1,00

,··,				·
MOROSS GREENWAY PROJECGT 155 W CONGRESS DETROIT, MI 48226	NONE	PC	OPERATING FUND	1,000
				,

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MOST HOLY TRINITY SCHOOLS NONE PC OPERATING FUND 5.000 1229 LA BROSSE

DETROIT, MI 48226				
NEIGHBORHOOD CLUB 17150 WATERLOO	NONE	PC	OPERATING FUND	1,000
CDOCCE DOINTE MT 40220				

0.07111.00.0017.050	NONE	20	0.050.4534.0.5134.0	
17150 WATERLOO GROSSE POINTE, MI 48230				
NEIGHBORHOOD CLUB	NONE	PC	OPERATING FUND	1,0

GROSSE POINTE, MI 48230				
OCIMAPOBOX 952	NONE	PC	OPERATING FUND	2,000
BLOOMFIELD HILLS, MI 48303				

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ORDER OF MALTA - LOURDES NONE PC OPERATING FUND 5,000 1011 FIRST AVENUE NEW YORK NY 10022

NEW TORK, NT 10022				
ORDER OF MALTA - MICHIGAN AREA 21301 BRIARCLIFF AVE SCS, MI 48082	NONE	PC	OPERATING FUND	250
DRECHANCY AID INC17325 MACK AVE	NONE	DC.	OPERATING FUND	10.000

▶ 3a

SCS, MI 48082				
PREGNANCY AID INC17325 MACK AVE DETROIT, MI 48224	NONE	PC	OPERATING FUND	10,000

Total . .

Recipient If recipient is an individual, show any relationship to status of status of

recipient

593,736

any foundation manager

GRAND RAPIDS, MI 495090901

Total .

Name and address (home or business)	or substantial contributor	7.557,6757		
a Paid during the year				
PRESENTATION OF OUR LADY SCHOOL 665 IRVING STREET DENVER, CO 80204	NONE	PC	OPERATING FUND	1,000
PROPAGATION OF THE FAITH 17650 W OUTER DRIVE DEARBORN HEIGHTS, MI 48127	NONE	PC	OPERATING FUND	10,000
RIGHT TO LIFE OF MICHIGAN	NONE	PC	OPERATING FUND	10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
DOCE LITH CENTER	NONE	DC.	ODEDATING FUND	F0 000

ROSE HILL CENTER 5130 ROSE HILL BLVD HOLLY, MI 484429507	NONE	PC	OPERATING FUND	50,000
CACRED HEADT MAJOR CEMINARY	NONE	l nc	ODEDATING FUND	10,000

110221,112 101123307				
SACRED HEART MAJOR SEMINARY 2701 CHICAGO BLVD DETROIT, MI 48206	NONE	PC	OPERATING FUND	10,000
SERVICES FOR OLDER CITIZENS	NONE	PC	OPERATING FUND	5.000

2701 CHICAGO BLVD DETROIT, MI 48206	NONE	PC	OPERATING FOND	10,000
SERVICES FOR OLDER CITIZENS 158 RIDGE ROAD GROSSE POINTE FARMS, MI 48236	NONE	PC	OPERATING FUND	5,000

DETROIT, MI 48206				
SERVICES FOR OLDER CITIZENS 158 RIDGE ROAD GROSSE POINTE FARMS, MI 48236	NONE	PC	OPERATING FUND	5,000
Total			▶ 3a	593,736

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

	or substantial contributor			
a Paid during the year				
SPECIAL OLYMPICS CENTRAL MI UNIVERSITY MT PLEASANT, MI 48859	NONE	PC	OPERATING FUND	2,000
ST CATHERINE OF SIENA CHURCH	NONE	PC	OPERATING FUND	25,000

recipient

593,736

CENTRAL MI UNIVERSITY MT PLEASANT, MI 48859				
ST CATHERINE OF SIENA CHURCH 28200 NAPIER ROAD WIXOM, MI 48393	NONE	PC	OPERATING FUND	

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

ST CATHERINE OF SIENA CHURCH 28200 NAPIER ROAD WIXOM, MI 48393	NONE	PC	OPERATING FUND	25,000
ST JOHN ASCENSION HOSPITAL	NONE	PC	OPERATING FUND	100,000

28200 NAPIER ROAD WIXOM, MI 48393				
ST JOHN ASCENSION HOSPITAL 22101 MOROSS ROAD DETROIT, MI 48236	NONE	PC	OPERATING FUND	100,00

WIXOM, MI 48393				
ST JOHN ASCENSION HOSPITAL 22101 MOROSS ROAD DETROIT, MI 48236	NONE	PC	OPERATING FUND	100,000
				1

ST JOHN ASCENSION HOSPITAL	NONE	PC	OPERATING FUND	100
22101 MOROSS ROAD				
DETROIT, MI 48236				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE PC OPERATING FUND 15,000 ST PAUL - CSA157 LAKE SHORE ROAD

GROSSE POINTE FARMS, MI 48236				
ST PAUL CATHOLIC CHURCH 157 LAKE SHORE ROAD GROSSE POINTE FARMS, MI 48236	NONE	PC	OPERATING FUND	15,000
ST PAUL SCHOOL AUCTION	NONE	PC	OPERATING FUND	1,000

▶ 3a

157 LAKE SHORE ROAD

Total . .

GROSSE POINTE FARMS, MI 48236

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
ST PETER AND PAUL JESUIT CHURCH 438 ST ANTOINE STREET DETROIT, MI 48226	NONE	PC	OPERATING FUND	10,000

DETROIT, MI 48226				
THE GALLOWAY SCHOOLS 215 W WIEUCA ROAD NW ATLANTA, GA 30342	NONE	PC	OPERATING FUND	2,500
IL OE D JESUIT HIGH SCHOOL	NONE	امر	OBERATING FUND	35,000

215 W WIEUCA ROAD NW ATLANTA, GA 30342				_,555
U OF D JESUIT HIGH SCHOOL 8400 S CAMBRIDGE DETROIT, MI 48221	NONE	PC	OPERATING FUND	25,000

Total			▶ 3a	593,736
U OF D JESUIT HIGH SCHOOL 8400 S CAMBRIDGE DETROIT, MI 48221	NONE	PC	OPERATING FUND	25,00
NW ATLANTA, GA 30342				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
WALDORF SCHOOL 16543 HIGHWAY CO-82	NONE	PC	OPERATING FUND	2,500

CARBONDALE, CO 81623				
YOUNG LIFE GROSSE POINTE 475 FISHER ROAD	NONE	PC	OPERATING FUND	500
CDOCCE DOINTE MI 400001600				1

YOUNG LIFE GROSSE POINTE 475 FISHER ROAD	NONE	PC	OPERATING FUND	500
GROSSE POINTE, MI 482301630				

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491315006029					
TY 2018 Accounting Fees Schedule					
N	<b>ame:</b> RAYMONI <b>EIN:</b> 38-25563	D M & JANE E CRAC 359	CCHIOLO FOUNDAT	ION	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
TAX PREPARATION FEES	5,275	2,638		2,637	

5,690

ACCOUNTING

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315006029
TY 2018 Investments Corpora	te Bonds Sche	edule
c_ccoments corpora		
Name:	RAYMOND M & JA	ANE E CRACCHIOLO FOUNDATION
FTN:	38-2556359	

2,125,722

2,077,048

E114. 36-2330339		
Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Fair Market Value

VARIOUS CORPORATE BONDS

cine diaminite princi Do Not i Rocess	A3 I lica Data	DEN: 35+31515000023
TY 2018 Investments Corporat	e Stock Sche	dule
<b>Name:</b> F	RAYMOND M & JA	ANE E CRACCHIOLO FOUNDATION

DIN: 93491315006029

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Investments Corporation Stock Schedule

Rame of Stock

Bend of Year Book Value

VARIOUS CORPORATE STOCKS

End of Year Book Value

Stock

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315006029
TY 2018 Investments - Other	Schedule	
Name:	RAYMOND M & JA	NE E CRACCHIOLO FOUNDATION
EIN:	38-2556359	
Investments Other Schedule 2		

Investments Other Schedule 2			
Category/ Ite	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	AT COST	241,363	292,800

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	N: 93491315006029
TY 2018 Legal Fees Schedu	ile			
-				
	ne: RAYMOND M IN: 38-2556359		HIOLO FOUNDATIO	ON
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	413	207		206

Name: RAYMOND M & JANE E CRACCHIOLO FOUNDATION

SECURITY DEPOSIT

efile GRAPHIC print - DO NOT PROCESS

	<b>EIN:</b> 38-2556359	9	
Other Assets Schedule			

As Filed Data -

Description

**Book Value** 

654

Beginning of Year -End of Year - Book End of Year - Fair

Value

654

DLN: 93491315006029

Market Value

654

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491315006029
TY 2018 Other Expenses Sche	dule			
	RAYMOND M & . 38-2556359	JANE E CRACCHI	OLO FOUNDATIO	DN
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UTILITIES	912	182		730
ANNUAL REPORT FEE	20	0		20
CHECK ORDER FEES	38	8		30

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315006029
TY 2018 Other Income Schedu	le	

## Name: RAYMOND M & JANE E CRACCHIOLO FOUNDATION

20 2556250

					ETL	4:	38-	Ζ.	2

MISC INCOME

	Description	Revenue And	Net Investment	Ad
(	Other Income Schedule			
	EIN: 38-2556359			

•	Other Income Schedule			
	Description	Revenue And	Net Investment	A
		Expenses Per Books	Income	

Revenue And	Net Investment	Adii

201

e And Net Investment Adjusted Net Income

201

201

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491315006029		
TY 2018 Other Increases Schedule					
Name: RAYMOND M & JANE E CRACCHIOLO FOUNDATION					
<b>EIN:</b> 38-2556359					
Description Amount					
BASIS ADJUSTMENTS			16,895		

efile GRAPHIC print - DO NOT PROCESS					
TY 2018 Other Professional Fees Schedule					
Name: RAYMOND M & JANE E CRACCHIOLO FOUNDATION EIN: 38-2556359					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

35,245

INVESTMENT FEES

35,245

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN	: 93491315006029		
TY 2018 Substantial Contributors Schedule					
Name: RAYMOND M & JANE E CRACCHIOLO FOUNDATION  EIN: 38-2556359					
Name		Address			
RAYMOND M CRACCHIOLO		100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	DLN: 93491315006029			
TY 2018 Taxes Schedule					
Name: RAYMOND M & JANE E CRACCHIOLO FOUNDATION EIN: 38-2556359					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAXES PAID	1,483	1,483		0	

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -				DLN: 93491315006029	
Schedule B		Schedu	ule of Contributor	rs	-	OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990-F ov/Form990 for the latest in			2018	
Name of the organizat		TON			Employer id	entification number	
		1011			38-2556359		
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	☐ 527 politi	cal organization					
Form 990-PF	<b>5</b> 01(c)(3)	exempt private fo	undation				
	☐ 4947(a)(1	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3)	taxable private fo	undation				
			PF that received, during the omplete Parts I and II Se				
Special Rules							
under sections received from a	509(a)(1) and 170(b)	(1)(A)(vı), that che urıng the year, tota	g Form 990 or 990-EZ tha cked Schedule A (Form 9 al contributions of the grea plete Parts I and II	90 or 990-EZ), Pa	rt II, line 13,	16a, or 16b, and that	
during the year,	total contributions of	f more than \$1,000	or (10) filing Form 990 or (10) filing Form 990 or (10) exclusively for religious, animals Complete Parts	charitable, scientif			
during the year, If this box is che purpose Don't	contributions exclus ecked, enter here the complete any of the p	<i>ively</i> for religious, total contributions parts unless the <b>G</b> o	or (10) filing Form 990 or charitable, etc., purposes that were received during eneral Rule applies to this or more during the year.	, but no such conti g the year for an e s organization bec	ributions total xclusively rel ause it receiv	led more than \$1,000 igious, charitable, etc, red nonexclusively	
990-EZ, or 990-PF), bu	t it <b>must</b> answer "No	on Part IV, line 2	lle and/or the Special Rule , of its Form 990, or checl it it doesn't meet the filing	k the box on line H	of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9		ructions	Cat No 30613X	Schedul	e B (Form 990,	990-EZ, or 990-PF) (2018)	

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2018)		Page <b>3</b>		
Name of organiz	ation IE E CRACCHIOLO FOUNDATION	Employer identi	Employer identification number		
KATHOND III & JAI		38-25	56359		
Part II	Noncash Property				
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
1	AVERAGE FMV ON THE DATE OF CONTRIBUTION OF 3,260 SHARES OF MASCO CORP	\$ 102 706	2018-11-29		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)